**504 ELIGIBILITY DETERMINATION**

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| **Student’s Name:** | **Grade:** | **Date of Birth:** |
| **Parent:** | **Date of Meeting:** |  |
| **School:** | **School Contact Person:** | **Position:** |

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| **Eligibility Team Members: (fill in names and check whether knowledgeable about the :)** | | | |
| **Team Member** | **Child** | **Meaning of Evaluation Data** | **Accommodations/Placement Options** |
|  | **** | **** | **** |
|  | **** | **** | **** |
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| **Educational History and Present Educational Placement Status:** |

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| **Sources reviewed for evaluation.** (Sources can include, but are not limited to, teacher input, student work samples, report card, home and health history, curriculum-based assessments, state test results, discipline history, cognitive assessments, and parent information. Medical reports are not required if provided should include either a psychological or physician’s report)  **Source: Date:** | |
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| **Results of Assessments:** |

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| **Present Learning and Education Performance Description:** | |
| Current Classes and Grades: |  |
| School Attendance (describe): |  |
| Other relevant information: |  |

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| **1. Does the student have a physical or mental impairment? \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**  **If so, describe the physical or mental impairment:** | | | | | |
| **2. Is the impairment:** | | | | | |
| **** Temporary | **** Episodic | | **** Intermittent | **** In remission | |
| If so, describe frequency, intensity, and expected duration of impairment: | | | | | |
| **3. In terms of frequency, intensity, and duration, does the impairment, when in an active state, substantially limit\* a major life activity when compared to how the average, non-disabled student performs the activity?**  **** Yes **** No  **If so, describe how the activity/ies is/are substantially limited:**  **\***The term “substantially limit” means that the student is:  a) unable to perform a major life activity that the average student of approximately the same age can  perform  **OR**  b) restricted as to the condition, manner or duration under which a particular life activity is  performed as compared to the average student of approximately the same age. | | | | | |
| **4. Check the major life activity that is affected by the impairment:** | | | | | |
| **** Seeing | **** Hearing | **** Caring for One’s Self | | | **** Breathing |
| **** Walking | **** Learning | **** Performing Manual Tasks | | | **** Working |
| Thinking | Concentrating | Reading | | | Speaking |
| Major bodily function (specify): | | | | | |
| **** Other (specify): | | | | | |
| **5. The 504 Team determines that the student is:**  **** Eligible for 504 **** Not Eligible for 504 | | | | | |
| **6. Does the student need accommodations, services, or supports to access the benefits of public education at a level similar to the average student?**  **\_\_\_\_\_\_ Yes** (complete a 504 Accommodation Plan)  **\_\_\_\_\_\_ No** Explain: | | | | | |
| The parent/guardian has received a copy of the eligibility notice and a copy of the  Parents’ Rights Notice. | | | | | |
| **Signatures: Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

**FOR SCHOOL USE ONLY**

School representative signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make copies for: school, parent, school counselor, 504 Coordinator. Place copy in Student’s file.